

**UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NEW YORK**

NEW YORK STATE FIREARMS ASSOCIATION,

et al.,

Plaintiffs,

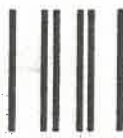

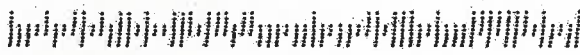
v.

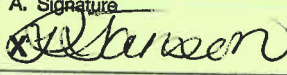

Civil Action No. 6:23-cv-6524

STEVEN A. NIGRELLI, in his official capacity as
Acting Superintendent of the New York State Police,

Defendant.

EXHIBIT A TO AFFIDAVIT OF SERVICE

USPS TRACKING#			First-Class Mail Postage & Fees Paid USPS Permit No. G-10
			
9590 9402 5553 9249 4029 03			
United States Postal Service	• Sender: Please print your name, address, and ZIP+4® in this box• Caitlyn Binkowski, Paralegal Schröder, Joseph + Associates, LLP 394 Franklin Street, 2nd Floor Buffalo, NY 14202		
			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Nigrelli</p> <p>C. Date of Delivery 9/21/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Steven A. Nigrelli Superintendent of NYS Police NYS Police Headquarters 1220 Washington Avenue, Bldg. 22 Albany, NY 12226-1799</p> <p style="text-align: center;">  9590 9402 5553 9249 4029 03 </p>	<p>3. Service Type</p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0003 9164 4699</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	
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